

KEES Stakeholder Meeting



November 7th, 2011

Today's Program

- ▶ Welcome – Jenifer Telshaw
- ▶ History of the project – Darin Bodenhamer
- ▶ SRS Welcome– Ben Nelson
- ▶ Accenture– Sean Toole
- ▶ KEES timeline– Travis Haas
- ▶ Q & A

Jenifer Telshaw Implementation Lead

Objectives of Meeting

- ▶ Provide key agency stakeholders and project participants information on the scope of the KEES project
- ▶ Share information on the project timeline and when agencies' IT staff will become engaged in the KEES project
- ▶ Discuss roles/responsibilities of the KEES project team and agency participants and stakeholders
- ▶ Establish regular communications and opportunities for agencies to vet issues

Roles and Responsibilities

- ▶ Attend KEES Stakeholder meetings
- ▶ Provide input on decisions impacting your agency or organization
- ▶ Disseminate information on the KEES project to agency/ organization personnel
- ▶ Provide support as requested

Darin Bodenhamer Eligibility Director

Introduction

- ▶ Background
- ▶ Business Problem and Causes
- ▶ Solution
- ▶ Questions

Background

- ▶ KEES started over 2 years ago as a grant from HRSA.
 - Began as Kansas Access to Comprehensive Health (KATCH)
- ▶ 1st year—built team, completed and released RFP.
 - System name Kansas Medical Eligibility Determination (KMED) system.
- ▶ 2nd year—evaluated responses, awarded contract.
 - AVENUES (SRS' eligibility system initiative) added to project in June 2011.
 - KHPA merged with KDHE July 2011.
 - Name changed to Kansas Eligibility Enforcement System (KEES)
- ▶ 3rd year—just getting underway—execution.

Business Problem

- ▶ It takes too long to process applications.
- ▶ Increase in applications results in backlog and poor customer service.
- ▶ Policy changes take a long time to implement.
- ▶ Information to support policy and process decisions difficult or impossible to obtain.
- ▶ Customers frustrated by cumbersome processes.
- ▶ Customers don't have ready access to information about their benefits.
- ▶ Error rates too high.
- ▶ Health care delivery for Medicaid/CHIP fragmented.

Business Problem (cont)

- ▶ Impossible to implement and apply policies consistently.
 - Policy subject to each person's interpretation and willingness to apply it.
 - Manual processes result in keying errors.
- ▶ Impossible to measure impact of policies and whether desired outcomes are reached.
- ▶ Silo'd usage—no reuse potential.
- ▶ No additional capacity for volumes to triple or quadruple by 2014.
- ▶ Large investment in staff training—a long time prior to having a productive employee.

Causes of Problems

- ▶ Manual, antiquated processes.
- ▶ Everything paper based.
- ▶ Business rules must reside in people's heads.
 - What's not hard coded is not coded at all.
 - What is hard coded is largely out of date and requires work-arounds.
- ▶ 24 year old eligibility system is coded in antiquated languages.
 - Difficult to change code.
 - Becoming more difficult to find resources who know how to change the system.

Causes of Problems (cont)

- ▶ Staffing levels have not increased at the rate of program growth.
- ▶ Current eligibility system does not capture the information needed for decision support.
- ▶ Fragmented technology architecture—information resides in multiple systems.

Solution

- ▶ New eligibility system.
 - Web based.
 - Rules engine.
 - Business Process Management tool.
 - Master Data Management.
 - Business Intelligence Services (includes data warehouse).
 - Java based.
 - Relational database (sounds odd, but current system is not).
 - Electronic notification capabilities.
 - Integration with imaging and content management system.
 - Seamless determination of eligibility for all publicly funded or subsidized medical coverage.

Solution (cont)

- ▶ Online portal.
 - Online application, feeds directly into eligibility and allows for real time adjudication of eligibility.
 - Online presumptive eligibility tool.
 - Customer self-service.
 - Reporting changes.
 - Completing application forms and reviews.
 - Looking up information.
 - Integration with claims and assignment information.

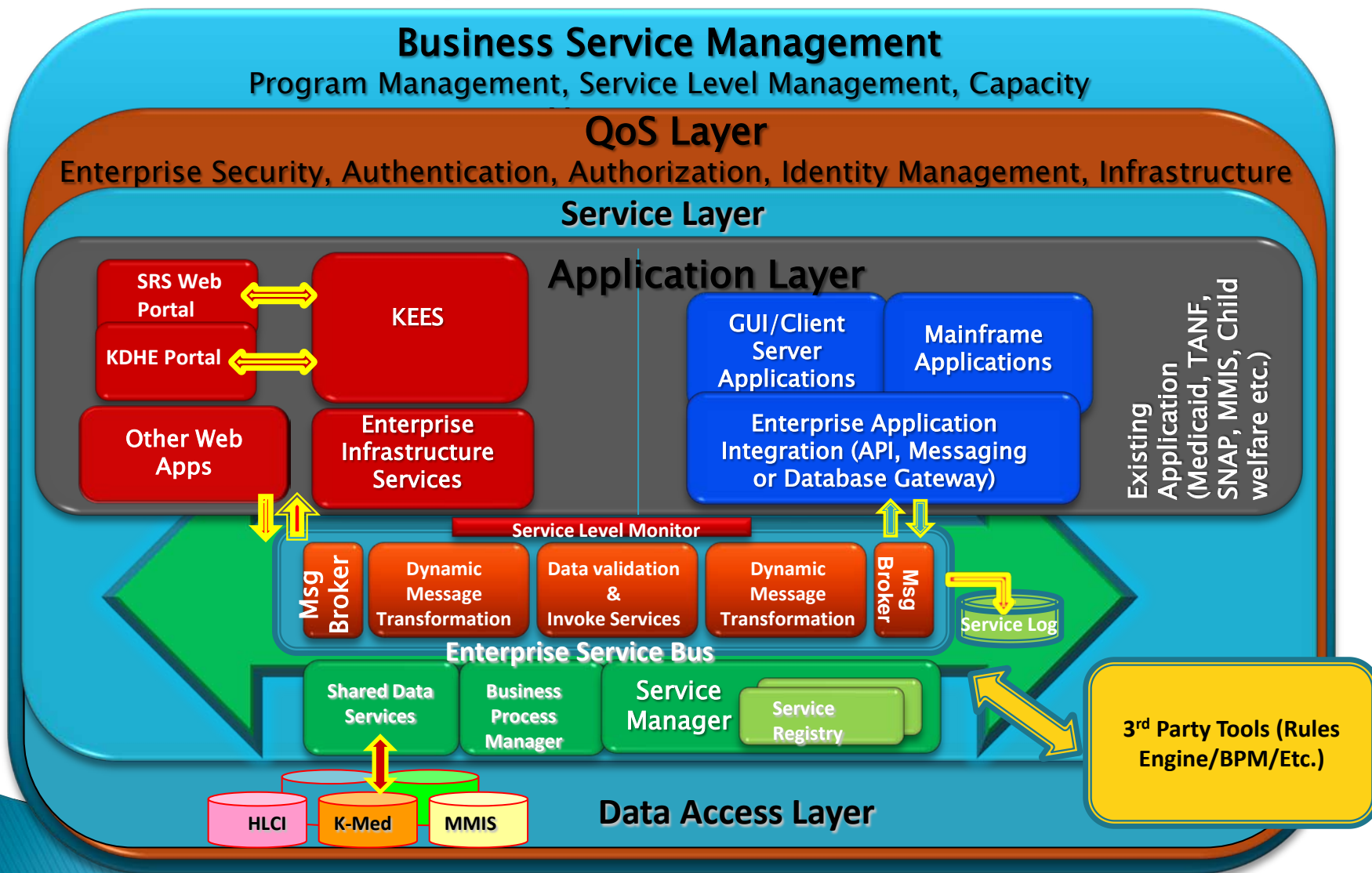
Solution (cont)

- ▶ Service Oriented Architecture
 - Allows for data sharing and reuse across multiple agencies.
 - Will become the beneficiary component to MMIS.
 - Will house all MEDICAID/CHIP beneficiary information instead of being spread across multiple systems.
 - Potential reuse for HIT/HIE.

Phased Implementation

- ▶ Phase I—KDHE/DHCF Public Portal
 - Online application for medical coverage.
 - Online screening tool for Presumptive Eligibility.
 - Summer 2012.
- ▶ Phase II—Rollout of initial functionality for Medicaid/CHIP and other social services functions. Spring/summer 2013.
- ▶ Phase III—Rollout enhanced functionality Fall 2013.
- ▶ Phase IV, V, etc.—Releases of additional functionality until scope of contractual requirements delivered.

SOA Concept



Changing Needs in Medicaid Eligibility

Current Model

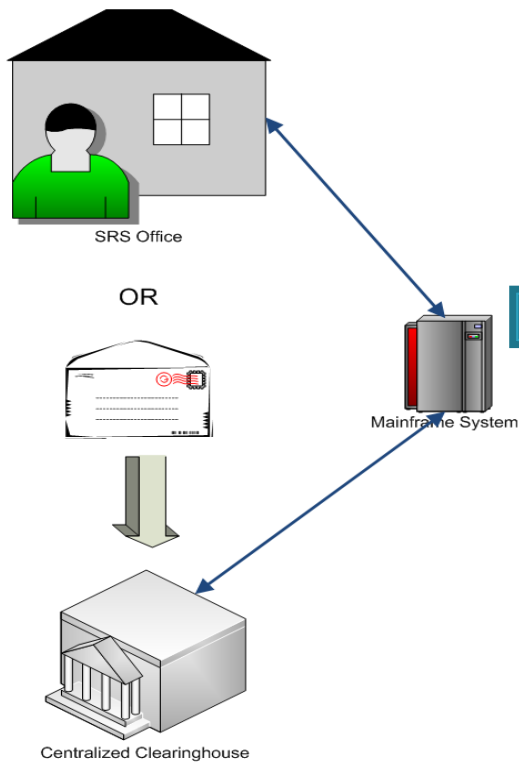


Figure 1

New Model

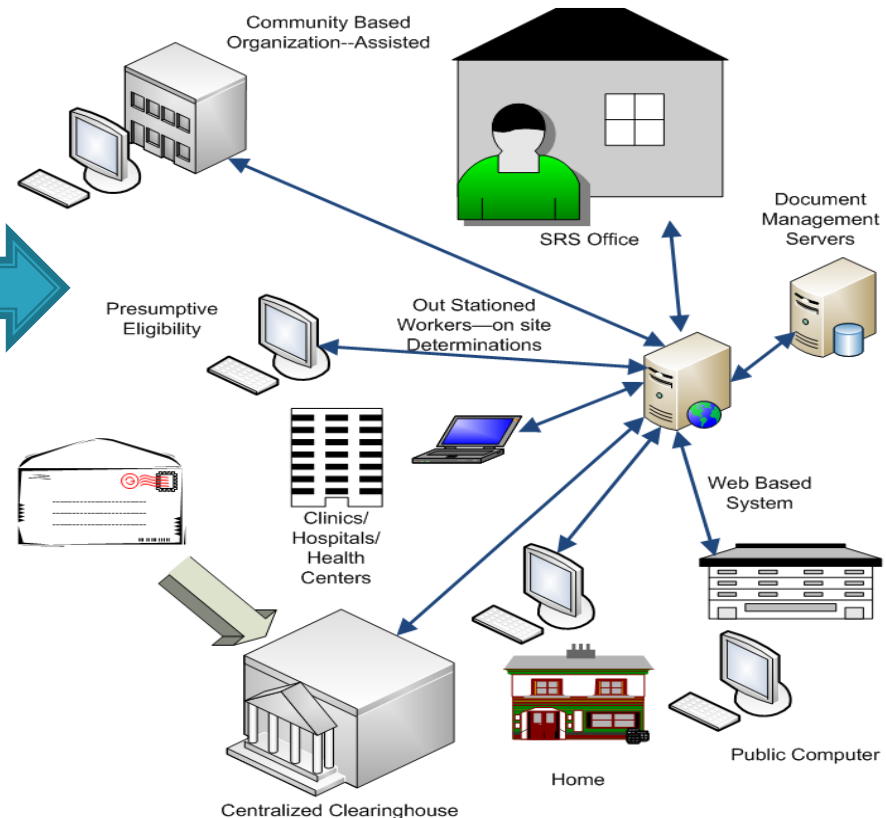
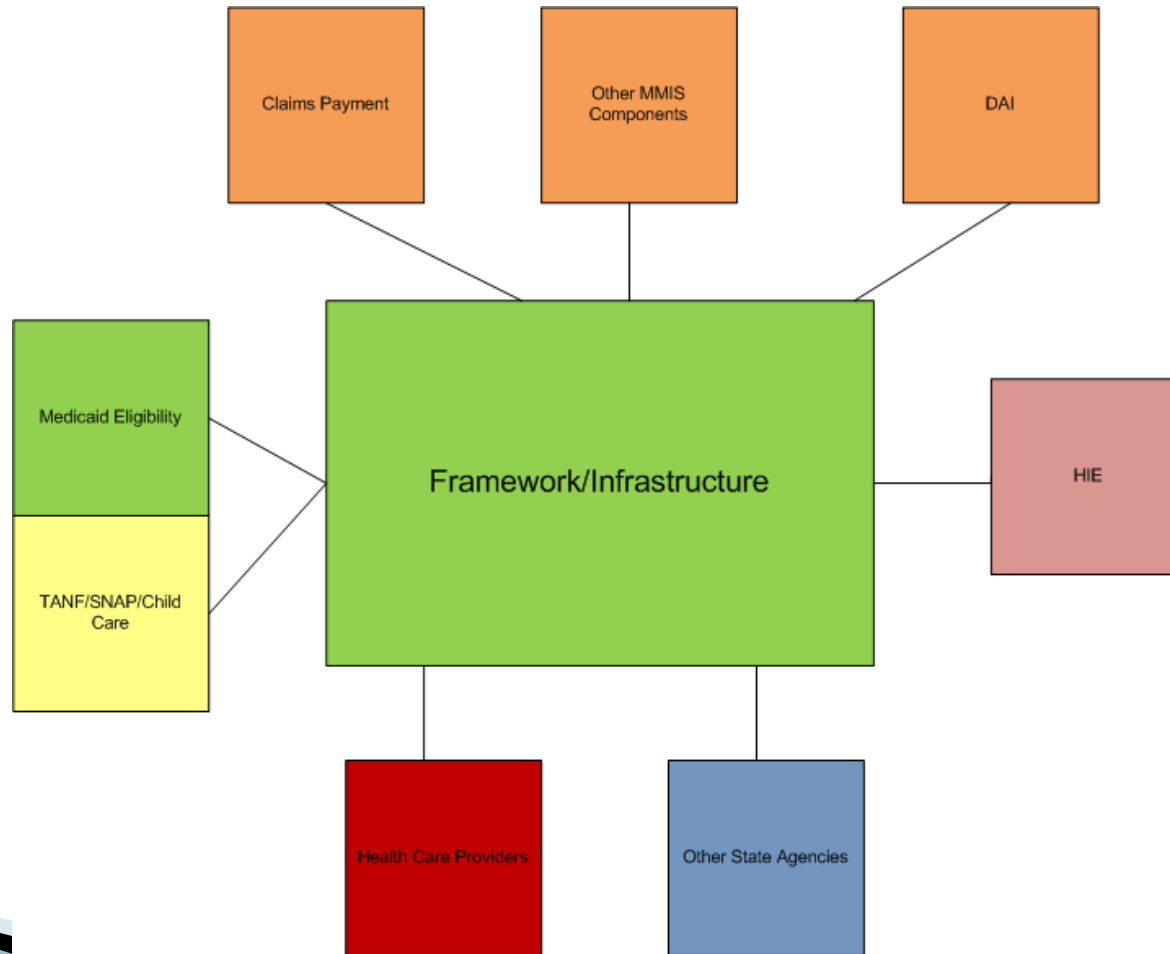
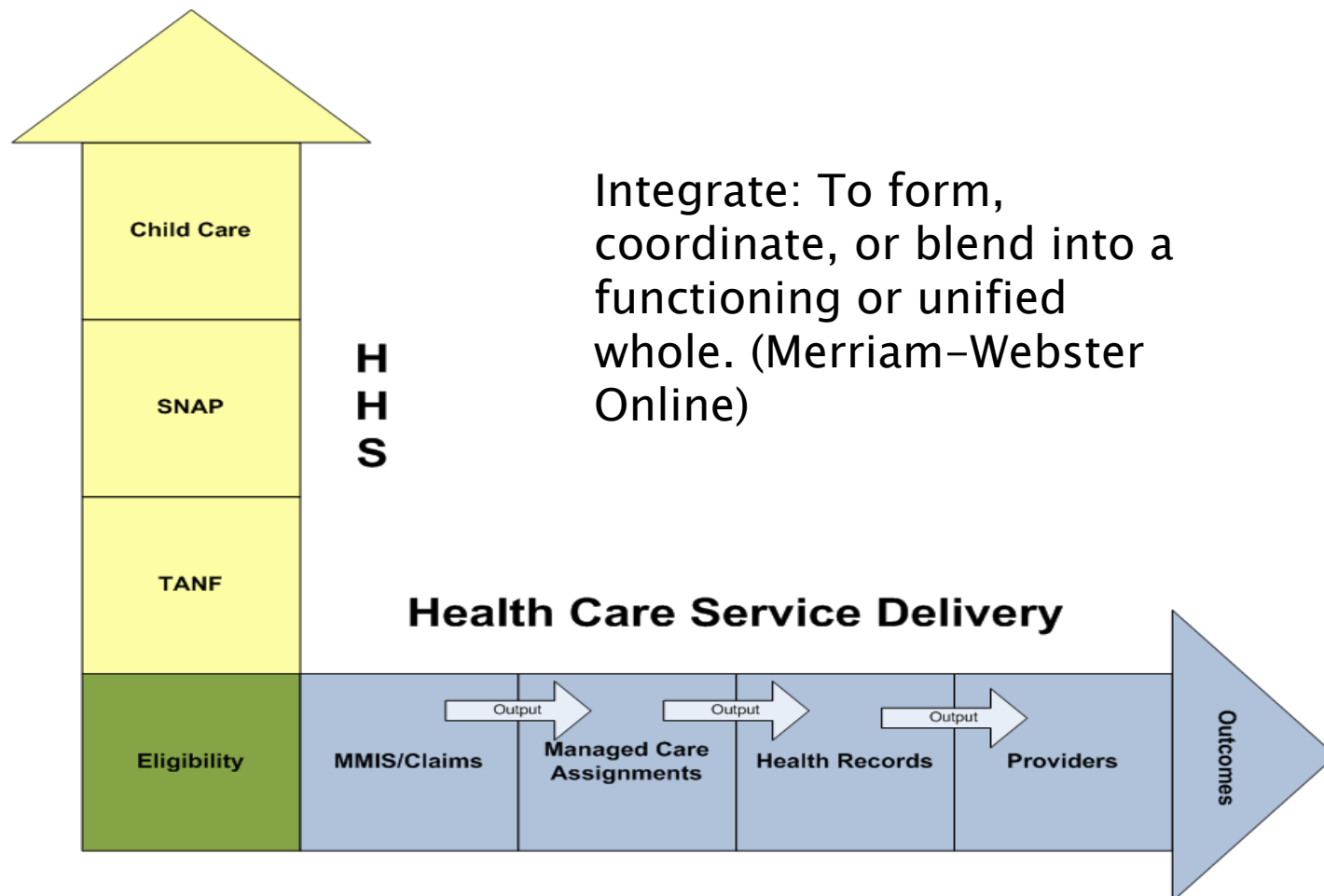


Figure 2

Leveraging the future



Horizontal and Vertical Integration



Ben Nelson
SRS Project Director
Chief Information Officer
SRS

Programs to be Integrated into KEES Avenues

- ▶ Temporary Assistance
- ▶ SNAP (Food Assistance)
- ▶ Refugee Assistance
- ▶ General Assistance
- ▶ Funeral Assistance
- ▶ Work Programs
- ▶ Child Care Subsidy
- ▶ Low income Energy (LIEAP)

Programs to be Integrated into KEES Avenues– continued

- ▶ Children and Family Services for payment or emergency payments only:
 - Adoption Support Subsidy
 - Permanent Custodianship
 - Independent Living (Chaffee)
 - Generic Family Services

Accenture

Sean Toole
Project Manager

Achieving the Vision

Objective #1: Improve and automate operational processes

- Reduce / eliminate paper-based processes
- Eliminate redundant processes
- Expand self-service capabilities
- Automate manual tasks best performed by technology

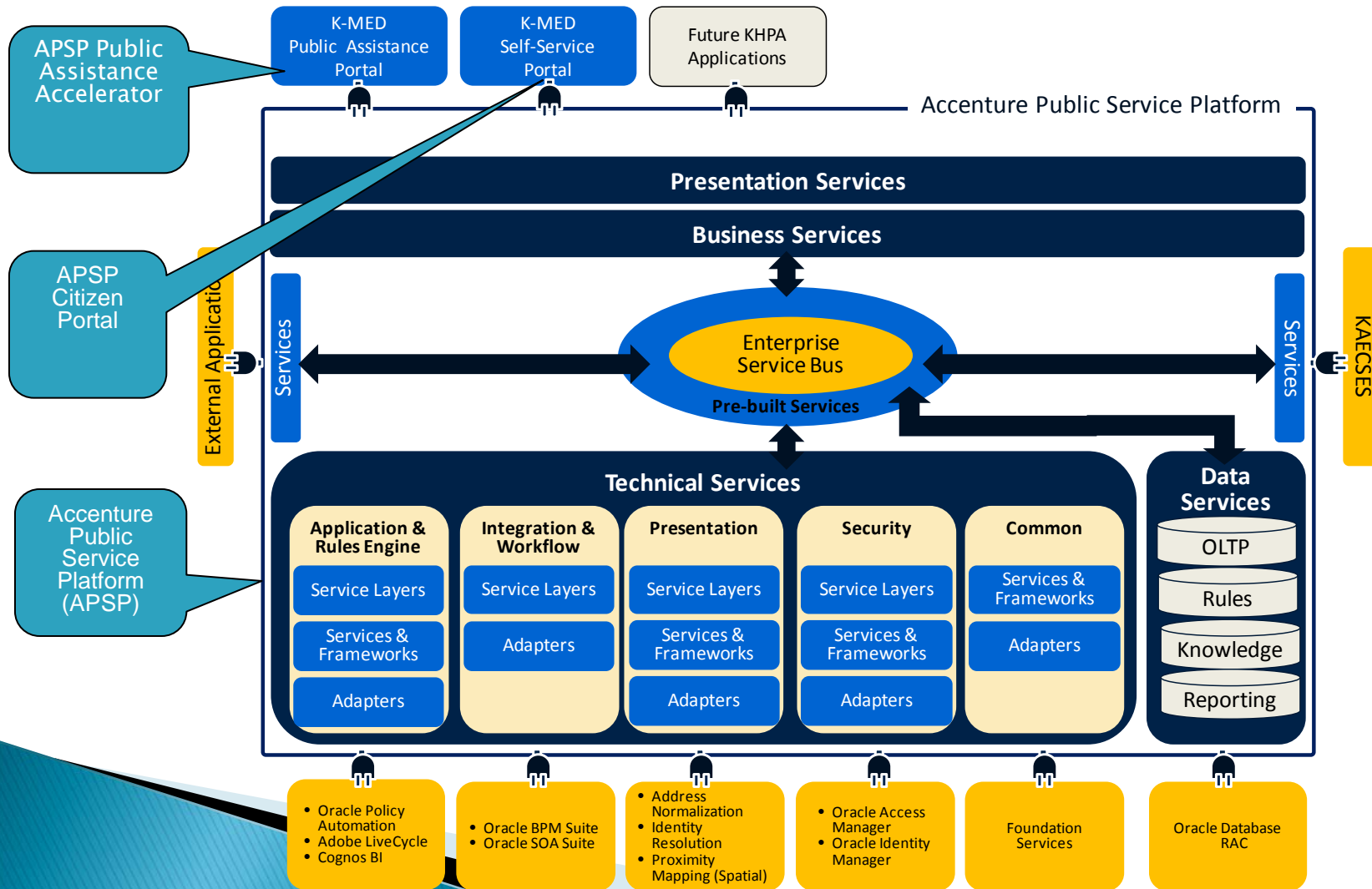
Objective #2: Improve organizational effectiveness

- Provide timely and accurate information to allow
 - Improved staff management
 - Improved customer service
 - Improved support for the business

Objective #3: Modernize the technology

- Base the enterprise architecture being created on methodologies, tools, and best practices from government and private sectors
- Ensure it supports or sets the foundation the future State IT strategy and provides the opportunity to consolidate services between State agencies

KEES Solution Architecture



Self Service Portal

- ▶ Accenture Citizen Self-Service Portal (ACSSP):
- ▶ The Accenture Citizen Self-Service Portal is a secure, public-facing portal that collects data needed to assess the citizen's eligibility for benefits.

The screenshot displays the ACSSP web interface. At the top, the Accenture logo is on the left, and a navigation bar contains a language dropdown set to 'English', a 'CITIZEN SELF-SERVICE PORTAL' title, and login fields for 'User Name' and 'Password' with a 'Log In' button. Below the login fields are links for 'Sign Up' and 'Forgot Password'. On the left side, there is a 'Message' section with a 'Maximize' button and a 'Login to view messages.' link, followed by an 'Information links' section with links for 'Office Location and Hours' and 'Program Information'. The main content area features three large tiles: 1) 'CHECK eligibility' with a photo of a man and text 'Check to see if you are eligible for benefits.' 2) 'APPLY for benefits' with a photo of a pregnant woman and child, and text 'Apply for assistance.' 3) 'ACCESS my benefits' with a photo of four children and text 'Access will be granted upon log in.'

Benefits Management System

- ▶ Accenture Benefits Management System (ABMS):
- ▶ The Accenture Benefits Management System is an integrated, flexible, client-focused solution for a range of public assistance and social welfare programs.

Case Number: **Go**

[Help, Manuals, Tutorials](#)
[Policies and Procedures](#)
[County/State Intranet Sites](#)
[Community Resources](#)
[Future Capability](#)

Message

[New Attachments](#)
[ashley](#)
[XXX](#)
[22222222](#)
[4668 test 2](#)
[Hello](#)
[Draft Message](#)

Calendar

View: [edit settings](#)

Tue, Sep 13: 3 new

Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

8:30am Appointment: Lisa Perez

11:00am Appointment: Catherine...

1:00pm Appointment: June Jo...

2:15pm Weekly Staff Meeting

3:00pm Meeting with Sam

4:00pm Appointment: Roy Juarez

4:30pm Meeting with Joy

System Revision:

[Create Event](#)

Learning/Support

New Questions for You [SUPER USER](#)
[Maria, what is your advice on...](#)
[Seeking your expert APSP opinion](#)

Recent Posts to Your Threads
[Explain Procedures? \(2 new\)](#)
[Questions about APSP... \(3 new\)](#)

Enrolled Courses

Intake Procedures	Due	Progress	Days Left
Employee Training	10/16	(10% Complete)	2 Days Left!
Employee Training	10/27	(30% Complete)	

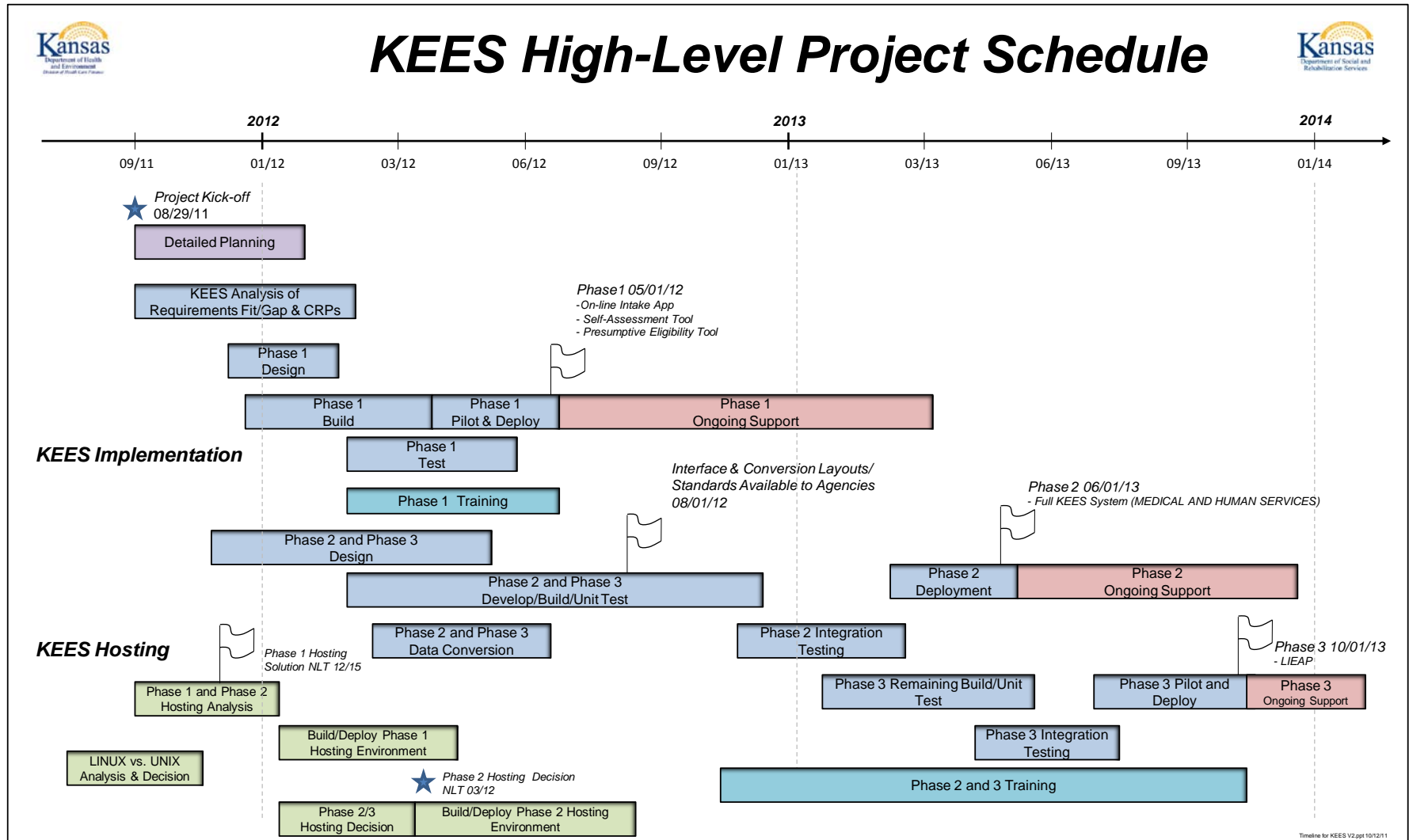
Alerts And Reminders

Type	Description	Date
Alert	eGovernment Application Pending	Sep 13, 2011
Alert	SSA COLA Preprocessed	Oct 13, 2011
Alert	FS Allotment Update	Sep 13, 2011
Reminder	Monthly Report Overdue	Oct 13, 2011
Reminder	SSN Discrepancy	Oct 13, 2011

[Clear Selected](#) [Print Selected](#) [Add New](#)

Travis Haas Project Manager

KEES Timeline



KEES Project Scope

- ▶ Phase I – May 2012
 - Online Application – Medical Programs
 - Presumptive Eligibility (PE) Tool

- ▶ Phase II – June 2013
 - KEES – Eligibility System – KDHE Medical and SRS Human Service Programs

- ▶ Phase III – October 2013
 - LIEAP

Questions?



Next Meeting

February 6th 2012

Contact Information

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